

POLICE OFFICER EMPLOYMENT APPLICATION CHECKLIST

Your completed Application for Employment is just one piece of the application *packet*. A **complete packet** must include these items: (Check them off as you assemble your *packet* prior to submission.)

☐

Completed WLPD Application for Employment.

☐

Copy of birth certificate or satisfactory evidence of date and place of birth.

☐

Copy of high school diploma or G.E.D. If unavailable, copy of transcripts showing "date of graduation" is required.

☐

Copy of college diploma AND transcripts, if applicable. Include transcripts for all colleges attended.

☐

Copy of DD Form 214 (military discharge, if applicable).

☐

Proof of 2 years employment as a full-time law enforcement employee (if applicable).

☐

Copy of valid driver's license or application for valid driver's license.

☐

Any other certificates you deem necessary.

Mail your complete packet to:

City of West Lafayette
Human Resources Department
711 W. Navajo Street
West Lafayette, IN 47906

APPLICATION FOR EMPLOYMENT

* * POLICE OFFICER * *

RETURN COMPLETED APPLICATION TO:

City of West Lafayette
Human Resources Department
711 W. Navajo Street
West Lafayette, Indiana 47906-1937

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Applications will be held for a period for one (1) year

(PLEASE PRINT)

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street City, State, Zip

Email: _____

Telephone: _____ Social Security/ID No. _____

(Your Social Security Number is requested on this form to facilitate record keeping and minimize effort and errors in reference to other records, which require the use of the Social Security Number. You have the right to refuse to provide your Social Security Number on this form without penalty, or to request that it be removed at any time.)

Are you between the ages of 21 and 35? _____

Have you completed 60 semester hours or 90-quarter hours of college credit at an accredited college or university with at least a 2.0 GPA based on a 4.0 grading scale? _____

Have you honorably completed 2 years of active U.S. Military Service? _____

Have you completed 2 years of employment as a full-time Law Enforcement Employee? _____

Have you filed an application with the City before? _____

If yes, give date(s): _____

Are you a citizen of the United States? _____

(The Immigration Reform and Control Act of 1986 requires employers to verify employee proof of citizenship or immigration status upon employment.)

Do you understand the job requires working a variety of shifts and many weekends?

Do you understand that you could possibly be working weekends for many years?

Have you ever been convicted of a felony or misdemeanor? _____

If yes, explain _____

(Under Indiana Law, a person may not be appointed, reappointed, or reinstated if they have a felony conviction on their record. Other arrests or convictions will not necessarily be a bar to employment.)

Do you have the ability to perform the job-related functions, with or without reasonable accommodation, of the position you are applying for? _____

Have you read the job description? _____

Have you applied for a Police Officer position at any other Police Department? _____

Please list which Departments:

List professional, trade, business or civic activities and offices held:

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Are you now employed? _____

Present Employer: _____

May we contact your present employer? _____

On what date would you be available for work? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities:

1. Employer _____

Address _____

Dates of Employment _____

Job Title _____

Reason for Leaving _____

2. Employer _____

Address _____

Dates of Employment _____

Job Title _____

Reason for Leaving _____

3. Employer _____

Address _____

Dates of Employment _____

Job Title _____

Reason for Leaving _____

4. Employer _____

Address _____

Dates of Employment _____

Job Title _____

Reason for Leaving _____

5. Employer _____

Address _____

Dates of Employment _____

Job Title _____

Reason for Leaving _____

6. Employer _____

Address _____

Dates of Employment _____

Job Title _____

Reason for Leaving _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

Typing speed, words per minute? _____

Computer experience:

EDUCATION:

Elementary: _____ Years attended: _____

High School: _____

Did you graduate? _____

Subjects Studied: _____

College: _____

Number of Years attended: _____

Did you graduate? _____

Subjects Studied: _____

Trade/Business: _____

Number of Years attended: _____

Did you graduate? _____

Subjects Studied: _____

Describe specialized training, apprenticeship, skills, and extracurricular activities:

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this and supplemental applications for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City.

Signature of Applicant

Date



APPLICANT DATA RECORD

This record will be maintained apart from your Application for Employment during the application process.

All qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, gender, national origin, age, citizenship, sexual orientation, disability, or Vietnam-era veteran status, "special disabled veteran" status or other eligible veteran status. Additionally, the City of West Lafayette provides reasonable accommodation to qualified individuals with disabilities.

To help the City comply with applicable government regulations concerning equal employment opportunity and affirmative action, it requests that you complete the Applicant Data Record. Submission of this information is voluntary. You will not be subjected to any adverse treatment if you do not provide the information requested. This data will be kept in a separate file from your Application for Employment.

Position applied for: _____ Date: _____

Referral Source: ☐ Advertisement ☐ Relative ☐ Walk-in ☐ Friend
☐ Employment Agency
☐ Other Name of Source (if applicable) _____

Applicant's Name _____ ()
Last First M.I. Area Code Phone

Email _____

Address _____
Street City State Zip Code

Check all of the following which apply.

Gender

☐ Male ☐ Female

Ethnicity

☐ Hispanic or Latino- A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Race

☐ White (Not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Black or African American (Not Hispanic or Latino)- A person having origins in any of the Black racial groups of Africa.

☐ Asian (Not Hispanic or Latino)- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaskan Native (Not Hispanic or Latino)- A person having origins in any original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

☐ Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Two or More Races (Not Hispanic or Latino)

Continued on back...

Veteran Status: *I wish to identify myself as a covered veteran.*

- ☐ Disabled Veteran—(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- ☐ Recently Separated Veteran—Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- ☐ Armed Forces Service Medal Veteran—Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- ☐ Other Protected Veteran—A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Disability Status

- ☐ I wish to identify myself as an individual with a disability. "Individual with a disability" includes any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities.

You are not required to provide the above information. If you do, efforts will be made to keep the information confidential, except where disclosure is required by law or where disclosure is necessary in order to provide a reasonable accommodation.